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|--|---|------------------------|--------------------|
| <h1 style="text-align: center;">TRANSMITTAL<br/>FORM</h1> <p style="text-align: center;"><i>(to be used for all correspondence after initial filing)</i></p> |   | Application Number     | 10/675,376         |
|  |   | Filing Date            | September 29, 2003 |
|  |   | First Named Inventor   | Peter DICKEY       |
|  |   | Art Unit               | 3652               |
|  |   | Examiner Name          | M. Lowe            |
| Total Number of Pages in This Submission   | 6 | Attorney Docket Number | 249212023500       |

## ENCLOSURES (Check all that apply)

|   |   |  |
|---|---|--|
| <input type="checkbox"/> Fee Transmittal Form<br><input type="checkbox"/> Fee Attached<br><input checked="" type="checkbox"/> Amendment/Reply (5 pages)<br><input checked="" type="checkbox"/> After Final<br><input type="checkbox"/> Affidavits/declaration(s)<br><input type="checkbox"/> Extension of Time Request<br><input type="checkbox"/> Express Abandonment Request<br><input type="checkbox"/> Information Disclosure Statement<br><input type="checkbox"/> Certified Copy of Priority Document(s)<br><input type="checkbox"/> Reply to Missing Parts/Incomplete Application<br><input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53 | <input type="checkbox"/> Drawing(s)<br><input type="checkbox"/> Licensing-related Papers<br><input type="checkbox"/> Petition<br><input type="checkbox"/> Petition to Convert to a Provisional Application<br><input type="checkbox"/> Power of Attorney, Revocation<br>Change of Correspondence Address<br><input type="checkbox"/> Terminal Disclaimer<br><input type="checkbox"/> Request for Refund<br><input type="checkbox"/> CD, Number of CD(s) _____<br><input type="checkbox"/> Landscape Table on CD | <input type="checkbox"/> After Allowance Communication to TC<br><input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences<br><input type="checkbox"/> Appeal Communication to TC<br><b>(Appeal Notice, Brief, Reply Brief)</b><br><input type="checkbox"/> Proprietary Information<br><input type="checkbox"/> Status Letter<br><input type="checkbox"/> Other Enclosure(s) (please identify below): |
| <div style="border: 1px solid black; padding: 5px; min-height: 80px;">         Remarks       </div>   |   |  |

## SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

|              |   |          |        |
|--------------|---|----------|--------|
| Firm Name    | MORRISON & FOERSTER LLP (Customer No.: 25226) |          |        |
| Signature    | /Christopher B. Eide/                         |          |        |
| Printed name | Christopher B. Eide                           |          |        |
| Date         | December 20, 2007                             | Reg. No. | 48,375 |

Client Ref. No.: Q03-1049-US1